## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000010418

Entity Name: OPEN FAITH MINISTRIES, INC.

FILED Oct 09, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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6033 SHAWMUT STREET TALLAHASSEE, FL 32305

Current Mailing Address: New Mailing Address:

6033 SHAWMUT STREET TALLAHASSEE, FL 32305

FEI Number: 59-3639565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARDENER, IRVIN
6033 SHAWMUT STREET
TALLAHASSEE, FL FL US
GARDNER, IRVIN
6033 SHAWMUT STREET
TALLAHASSEE, FL 32305 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IRVIN GARDNER 10/09/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 GARDENER, IRVIN JR.
 Name:
 GARDNER, IRVIN JR.

 Address:
 6033 SHAWMUT STREET
 Address:
 6033 SHAWMUT STREET

 City-St-Zip:
 TALLAHASSEE, FL 32305
 TALLAHASSEE, FL 32305

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 GARDENER, JANNICE
 Name:
 GARDNER, JANNICE

 Address:
 6033 SHAWMUT STREET
 Address:
 6033 SHAWMUT STREET

 City-St-Zip:
 TALLAHASSEE, FL 32305
 City-St-Zip:
 TALLAHASSEE, FL 32305

Title: SEC () Delete Title: () Change () Addition

 Name:
 YOUMANS, MELVIN
 Name:

 Address:
 484 FOREST GREEN DRIVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

Title: TRES (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GARDENER, GERALD B
 Name:

 Address:
 ROUTE 7 BOX 12
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANNICE GARDNER VP 10/09/2006